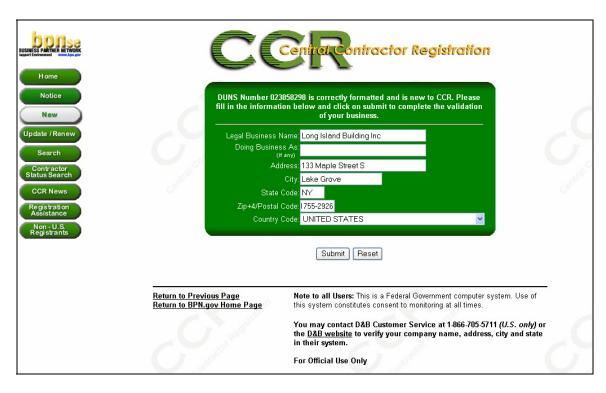
CCR New Registration Screenshots April 2007



Welcome to CCR



Enter Business Name and Address

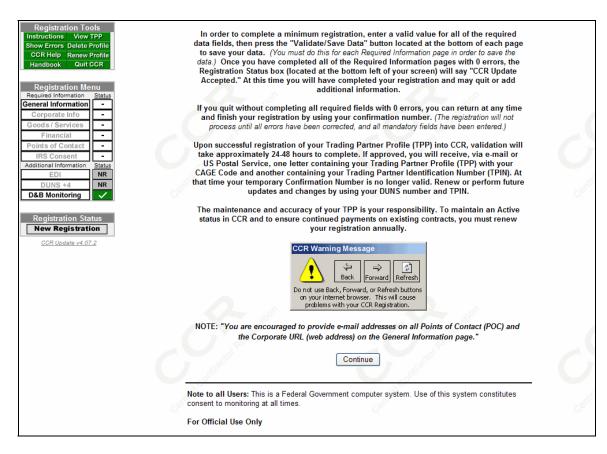
April 2007



Dun and Bradstreet Information Validation



Confirmation Number



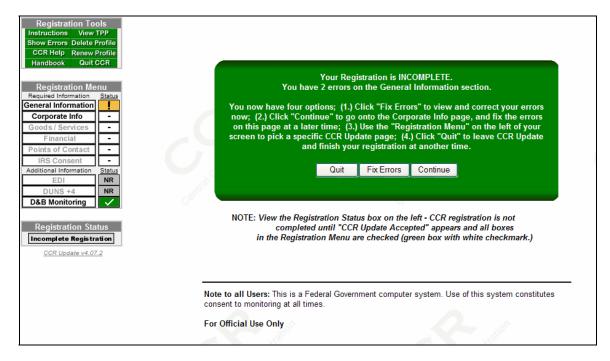
Instructions Page

| D to di T I | |
|---|---|
| Registration Tools Instructions View TPP | General Information |
| Show Errors Delete Profile CCR Help Renew Profile | Missing or Invalid Data Required Data Will View-Only Data (Edits not allowed) |
| Handbook Quit CCR | DUNS : 023858298 |
| Registration Menu Required Information Status | CAGE/NCAGE Code: NCAGE Mandatory if outside the U.S. Search for CAGE/NCAGE. |
| General Information - | Legal Business Name: LONG ISLAND BUILDING INC |
| Corporate Info - Goods / Services - | (DCMA ACO Locator) Doing Business As (DBA): |
| Financial | (leave DBA blank if same) |
| Points of Contact - IRS Consent - | ★ TIN/EIN: See Note Below) |
| Additional Information Status EDI NR | SSN: Enter SSN only if sole Proprietor without a TIN |
| DUNS +4 NR | Division Nume: |
| D&B Monitoring | Company URL: |
| Registration Status | |
| New Registration | Physical Street Address 1: 133 MAPLE ST S |
| CCR Update v4.07.2 | Physical Street Address 2: |
| | City: LAKE GROVE |
| | State: NY (U.S. State Code / Canadian Province list) |
| | ▼ Zip+4/Postal Code: 11755-2926 (U.S. Zip+4 Code Lock-up) ▼ Country: USA |
| | Escoulay, John |
| | Create POC Template Paste POC Template |
| | Mailing Name: |
| () H | * Mailing Address 1: |
| I Con. | Mailing Address 2: |
| and the second | State: (U.S. State Code / Canadian Province list) |
| 0 | State: U.S. State Code / Canadian Province list) Ip+4/Postal Code: U.S. Zip+4 Code Lookup) |
| | * Country: |
| | |
| | ₩ Business Start Date: (MM/DD/YYYY) |
| | Fiscal Year End Date: (MM/DD) |
| | |
| | The following information will be used to derive your small business size status based on SBA size standards. |
| | The 10 Co. 1 Co. 1 Co. 1 Co. 1 Co. 1 Co. 100 |
| | Penalties for misrepresentation as a small business include fines of not more than \$500,000 or imprisonment for not more than 10 years, or both; administrative remedies; and suspension and |
| | debarment as specified in subpart 9.4 of title 48, Code of Federal Regulations. |
| () H | _ Location |
| Corn | Please enter the following data for this location: |
| artito. | Revenue (3 year average) at this Location 10000000 |
| 0" | |
| | Number of Employees (12 months average) at this Location |
| | — Affiliation — |
| | Records indicate that you are part of, or affiliated with another entity. Please enter the |
| | worldwide data for the entity to include parent, all affiliates, and all locations: |
| | Total (3 year average) Revenue |
| | Total Number (12 months average) of |
| | Employees |
| | If you have questions regarding the Affiliate record, please contact D&B at |
| | 1-866-705-5711. International registrants can send an email to govt@dnb.com |
| () He | Commany Country Lond No Americans |
| I Con. | Company Security Level: Not Applicable Employee Security Level: Not Applicable (Select the highest employee security level.) |
| antitra. | |
| O° | Important: If you are unable to receive mail at your street address, you MUST also provide a valid mailing |
| | address where correspondence can be sent. |
| | Note: Authority 31 U.S.C. 7701 (c) (3) Principal Purpose(s):The TIN may be used by the Government to collect and report on any delinquent amounts |
| | arising out of the offeror's relationship with the Government. Disclosure: Voluntary; however, failure to furnish will disallow registration as a Federal contractor. |
| | |
| | Validate/Save Data |
| | |
| | |
| | Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to |
| | monitoring at all times. |
| | For Official Use Only |

General Information Page

| Name: E-mail Address: | | |
|---------------------------------------|--|------|
| Address Line 1: | | ight |
| Address Line 2: | | 200 |
| City: State: | (U.S. State Code / Canadian Province list) | |
| Zip/Postal Code: | (U.S. Zip+4 Code Look-up) | |
| Country: | Y | |
| U.S. Phone Number: | Ext: | |
| Non-U.S. Phone Number: Fax Number: | | |
| Sav | e POC Template Close Window | |
| | | |

Create POC Template



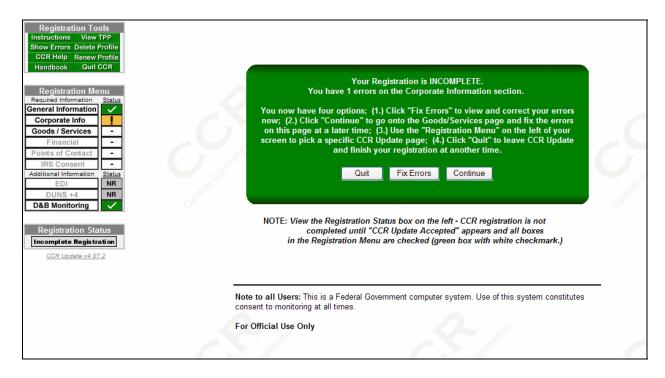
Error/Incomplete Message—General Information Section

| tion Tools View TPP Delete Profile | Corporate Information | |
|---|---|---|
| Darrow Darrolla | Missing or Invalid Data | - |
| tion Menu No | ot to be used as certifications and representations. See <u>ORCA</u> for official certification. | |
| mation Status mation Type of Relation | nship with U.S Federal Government(Required information, check one) | |
| Info - Contracts | | |
| orants al Both (Contract | cte & Grante\ | |
| ontact - | or Grants) | |
| | tation(As defined by the IRS) (Required information, check one) | |
| Corporate En | ntity, Not Federal Tax Exempt ntity, Federal Tax Exempt | |
| oring Partnership | | |
| O Sole Propriet | | |
| 0.5 1 10 | nent Entity(If selected, then choose one subgroup below) Government (If selected, choose all subgroups that apply.) | |
| | ral Agency | |
| Federa | rally Funded Research and Development Corporation | |
| O State Gov | | |
| □ City | overnment(If selected, choose all subgroups that apply.) | |
| □ County | ty | |
| | municipal | |
| | Government Owned | |
| ☐ Munic | | |
| ☐ Schoo | | |
| O Foreign Gove | | |
| O International | Organization | |
| Other | | |
| V Incorporation /P/ | Required if you selected "Corporate Entity" as Type of Organization.) | |
| | oration (USA Only) (State code list) | |
| Country of Incorp | | |
| Sole Proprietor I US Phone: Non-US Phone: | Name: Ext: | |
| Fax: E-mail: | , tr | |
| Oth C | - the French of Control of the state of the | |
| Other Governme Airport Autho | ental Entities(Optional information, check all that apply) prity | |
| Council of Go | | |
| ☐ Housing Auth | norities Public/Tribal | |
| Interstate Ent | | |
| ☐ Planning Con ☐ Port Authority | | |
| Transit Autho | • | |
| 04 8 4 | | |
| Other Business/C | Organization Factors(Optional information, check all that apply) med and Located | |
| Limited Liabi | | |
| S Corporation | n | |
| | ss(Optional information, check all that apply) | |
| | and Engineering (A&E) Development Corporation | |
| Construction | | |
| ☐ Domestic She | | |
| Educational I | | |
| For-Profit Org | ganization | |
| ☐ Foundation ☐ Hispanic Serv | vicing Institution | |
| ☐ Hospital | | |
| Manufacturer | | |
| □ Nonprofit Org | | |
| ☐ Other Not for ☐ Research and | Profit Organization | |
| | | |
| Service Provi | | |

Corporate Information Page—Part 1

| Education Entities(Optional information, check all that apply) | |
|--|--|
| ☐ 1862 Land Grant College | |
| ☐ 1890 Land Grant College | |
| ☐ 1994 Land Grant College | |
| ☐ Historically Black College or University (HBCU) | |
| ☐ Minority Institutions | |
| ☐ Private University or College | |
| ☐ School of Forestry | |
| State Controlled Institution of Higher Learning | |
| ☐ Tribal College (other than 1994) | |
| □ Veterinary College | |
| Socio-Economic Factors (Optional information, check all that apply.) | |
| Self-Certified Small Disadvantaged Business | |
| ☐ Veteran Owned Business | |
| Service Disabled Veteran Owned Business | |
| ☐ Woman Owned Business | |
| ☐ Minority Owned Business(If selected then one sub-type is required.) | |
| Subcontinent Asian (Asian-Indian) American Owned | |
| Asian-Pacific American Owned | |
| O Black American Owned | |
| O Hispanic American Owned | |
| O Native American Owned | |
| No Representation/None of the Above | |
| | |
| | |
| Socio-Economic Certifications(Check only if firm has been certified.) | |
| □ DoT Certified Disadvantaged Business Enterprise | |
| | |
| Federally Recognized Native American Entities(Optional information, check all that apply) | |
| ☐ Alaskan Native Corporation Owned Firm | |
| American Indian Owned | |
| ☐ Indian Tribe (Federally Recognized) | |
| Native Hawaiian Organization Owned Firm | |
| ☐ Tribal Government | |
| ☐ Tribally Owned Firm | |
| Other Socio-Economic Categories (Optional information, check all that apply) | |
| ☐ Community Developed Corporation Owned Firm | |
| Labor Surplus Area Firm | |
| ☐ Small Agricultural Cooperative | |
| | |
| Validate/Save Data | |
| ide de la companya della companya della companya de la companya della companya de | |
| | |
| | |
| Note to all Users: This is a Federal Government computer system. Use of this system constitutes cannot be made at all times. | |
| consent to monitoring at all times. | |
| For Official Use Only | |
| | |

Corporate Information Page—Part 2

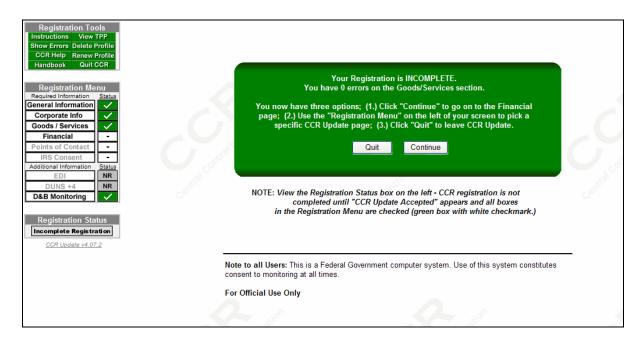


Error/Incomplete Message—Corporate Information Section



Goods/Services Page

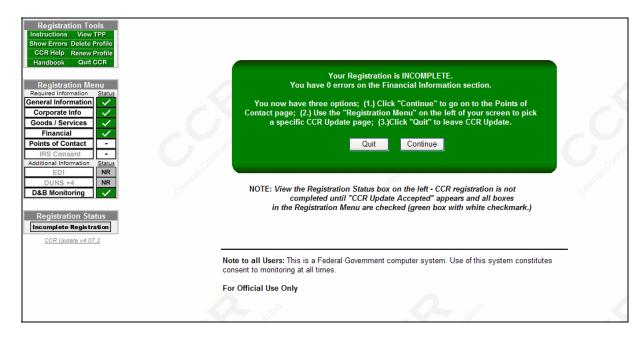
April 2007



Error/Incomplete Message—Goods/Services Section

| Registration Tools Instructions View TPP Show Errors Delete Profile | | Financial Info | rmation | |
|--|--|-----------------------|--|--|
| CCR Help Renew Profile Handbook Quit CCR | Missing or Invalid Data | Required Data | View-Only Data (Edits not allowed) | |
| Registration Menu | Ele *This conte | ectronic Funds Tra | insfer (EFT) on-U.S. Businesses | |
| Required Information General Information | Financial Institution: | | | |
| Corporate Info | * ABA Routing Number: | | | |
| Goods / Services Financial | Account Number: | | | |
| Points of Contact - | Re-enter Account Number: | | | |
| IRS Consent - Additional Information Status | * Account Type: Lockbox Number: | | ings O | |
| EDI NR DUNS +4 NR | | -X(0) | | |
| D&B Monitoring | G | \$6 | <u> </u> | |
| Registration Status | * 4 | utomated Clearing | House (ACH) | |
| Incomplete Registration | orga | nization or a Non-U. | financial institution unless you are a government S. Business.) | |
| CCR Update v4.07.2 | ACH US Phone Number: | | , | |
| | ACH Non-US Phone Number: | | | |
| | ACH FAX (US Only): | | | |
| | ACH E-mail Address: | | | |
| | | | | |
| 42- | 10/2 | 4.4 | - 10° | |
| 110 | | Remittance Inf | ormation | |
| | (Address to m | ail check if EFT is t | emporarily unavailable.) Paste POC Template | |
| 101 | | Create POC Template | Paste POC Template | |
| | Name: | | | |
| Con | Address Line 1: | | Coll | |
| High. | Address Line 2: | | - Ellin | |
| C _o , | City: | | | |
| | State: | | de / Canadian Province list) | |
| | Zip/Postal Code: | (U.S. | Zip+4 Code Look-up) | |
| | Country: | | | |
| _ | | | _ | |
| | | | | |
| | * Acc | ounts Receivable | | |
| | Name: | Create POC Template | Paste POC Template | |
| | E-mail Address: | | | |
| | U.S. Phone Number: | | | |
| The state of the s | U.S. Phone Number: Non-U.S. Phone Number: | | Ext: | |
| 1,000 | | | | |
| | Fax Number: | W | | |
| - drifting | | | | |
| All Control of the Co | * Does the compa | any accept Credit | Cards as a method of Payment? | |
| - Eller | | Yes 🔾 | No ⊙ | |
| ~ | | | | |
| | | Validate/Save | a Data | |
| | | Validate/Savt | . 5 3 13 | |
| | | | | |
| _ | | | | |
| Not to n | te to all Users: This is a Federal G nonitoring at all times. | overnment compute | r system. Use of this system constitutes consent | |
| | | | | |
| For | Official Use Only | | | |

Financial Information Page



Error/Incomplete Message—Financial Information Section

| Degistration Tools | |
|---|--|
| Registration Tools Instructions View TPP | Points of Contact |
| Show Errors Delete Profile NOTE: "You are encouraged CCR Help Renew Profile | ged to provide e-mail addresses on all Points of Contact (POC)" |
| Handbook Quit CCR Missing or Invalid Data | Required Data View-Only Data (Edits not allowed) |
| | |
| Registration Menu Required Information Status | CCD DOC (Degistrant Name) Price |
| General Information // (Note: The Registrant acknowle | CCR POC (Registrant Name) Primary dges that the information provided is current, accurate, and complete.) |
| Corporate Info | Create POC Template Paste POC Template |
| Financial | |
| Points of Contact - E-mail Address: | |
| IRS Consent - U.S. Phone Number: | EXC |
| Non-U.S. Phone Number | |
| DUNS +4 NR Fax Number: | : |
| D&B Monitoring - | |
| Registration Status | CCR POC Alternate |
| Incomplete Registration | Create POC Template Paste POC Template |
| CCR Update v4.07.2 | |
| E-mail Address | |
| U.S. Phone Number | Ext: |
| Non-U.S. Phone Number | |
| Fax Number | |
| , o [†] | |
| * Gov | ernment Business Point of Contact - Primary |
| (Note: The person in the company i | responsible for marketing and sales with the government. This information |
| will be publicly displayed on the CC | R Inquiry Web Site. All methods of contact are required if the Government Business Point of Contact is entered.) |
| | Create POC Template Paste POC Template |
| Name | |
| E-mail Address | , Kal |
| Address Line 1 | C ₀ , |
| Address Line 2 | |
| City | |
| State | (U.S. State Code / Canadian Province list) |
| Zip/Postal Code | (U.S. Zip+4 Code Look-up) |
| Country | |
| U.S. Phone Number | Ext |
| Non-U.S. Phone Number: | |
| Fax Number | |
| | |
| * Gove | ernment Business Point of Contact - Alternate |
| (Note: The person in the company in | responsible for marketing and sales with the government. This information |
| will be po | ublicly displayed on the CCR Inquiry Web Site.) Create POC Template PoC Template |
| Name | |
| E-mail Address: | |
| Address Line 1 | · · · · · · · · · · · · · · · · · · · |
| Address Line 2: | |
| City | |
| State | |
| Zip/Postal Code: | (0.0. State Gode / Carladan / Iovince Iss) |
| Country | U.S. ZIP+4 Code Edok-up) |
| U.S. Phone Number: | |
| Non-U.S. Phone Number | |
| Fax Number | |
| | |
| atte | |
| | st Performance Point Of Contact - Primary ion will be publicly displayed on the CCR Inquiry Web Site.) |
| | more information visit the PPAIS web site |
| () Market | Create POC Template Paste POC Template |
| Name | G ⁰ |
| E-mail Address | |
| Address Line 1 | |
| Address Line 2 | |
| City | |
| State | (S.S. State Code / Canadam / Townson Inst |
| Zip/Postal Code | 0.5. 219+4 Code Look-up) |
| Country | |
| U.S. Phone Number | |
| Non-U.S. Phone Number | |
| Fax Number | |

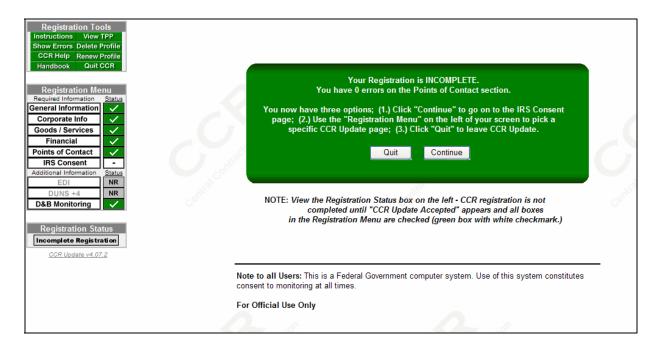
Points of Contact Page—Part 1

| A CONTRACTOR OF THE PARTY OF TH | |
|--|--|
| | |
| | t Performance Point Of Contact - Alternate |
| (Note: This information | on will be publicly displayed on the CCR Inquiry Web Site.) |
| For | more information visit the PPAIS web site Create POC Template Paste POC Template |
| 1 J | |
| Name: | |
| E-mail Address: | A CONTRACTOR OF THE CONTRACTOR |
| Address Line 1: | |
| Address Line 2: | 0" |
| | |
| City: | |
| State: | (U.S. State Code / Canadian Province list) |
| Zip/Postal Code: | (U.S. Zip+4 Code Look-up) |
| Country: | |
| U.S. Phone Number: | |
| | EXC |
| Non-U.S. Phone Number: | |
| Fax Number: | |
| | |
| | |
| * <u>Ele</u> | ctronic Business Point of Contact - Primary |
| (Note: The person in the compan | y responsible for authorizing individual company personnel access into stems [e.g. Electronic Document Access (EDA), Wide Area Work Flow |
| | mation will be publicly displayed on the CCR Inquiry Web Site.) |
| | Create POC Template Paste POC Template |
| Name: | C.O. |
| E-mail Address: | |
| Address Line 1: | z griti |
| | |
| Address Line 2: | |
| City: | |
| State: | 410.01 / 0 / 1 / 0 / F / D / 1 / F / D |
| Zip/Postal Code: | O.S. State Code / Carladian Province list/ |
| | JO.S. ZIP+4 Gode Look-up) |
| Country: | |
| U.S. Phone Number: | Ext: |
| Non-U.S. Phone Number: | |
| Fax Number: | |
| <u> </u> | S |
| * Elec (Note: This informati | tronic Business Point of Contact - Alternate on will be publicly displayed on the CCR Inquiry Web Site.) |
| 7,00 | Create POC Template Paste POC Template |
| Name: | |
| E-mail Address: | (0) |
| Address Line 1: | |
| Address Line 2: | |
| | |
| City: | |
| State: | (U.S. State Code / Canadian Province list) |
| Zip/Postal Code: | (U.S. Zip+4 Code Look-up) |
| Country: | |
| U.S. Phone Number: | |
| | |
| Non-U.S. Phone Number: | |
| Fax Number: | |
| | |
| ile. | Develop Budgets Name |
| | Previous Business Name Create POC Template Poc Template |
| Name: | |
| | .51 |
| Address Line 1: | |
| Address Line 2: | 5000 |
| City: | |
| State: | |
| U ⁻ | (c.c. olde odder odradian rovinde nay |
| Zip/Postal Code: | (U.S. Zip+4 Code Look-up) |
| Country: | ▼ |
| | |
| | 0 10 1 |
| Mileter Head by a selection | Government Parent |
| (Ivote: Usea by registering govern | ment agencies. If this CCR registration is a division of the government, provide the parent (HQ), e.g. DLA) |
| | Create POC Template Paste POC Template |
| Name: | |
| Address Line 1: | |
| | |
| Address Line 2: | |
| City: | |
| State: | (U.S. State Code / Canadian Province list) |
| Zip/Postal Code: | 15.6. State Sect / Sanatan / Towner 12/ |
| | [0.5.219*4 Code Look-up] |
| Country: | Y |

Points of Contact Page—Part 2

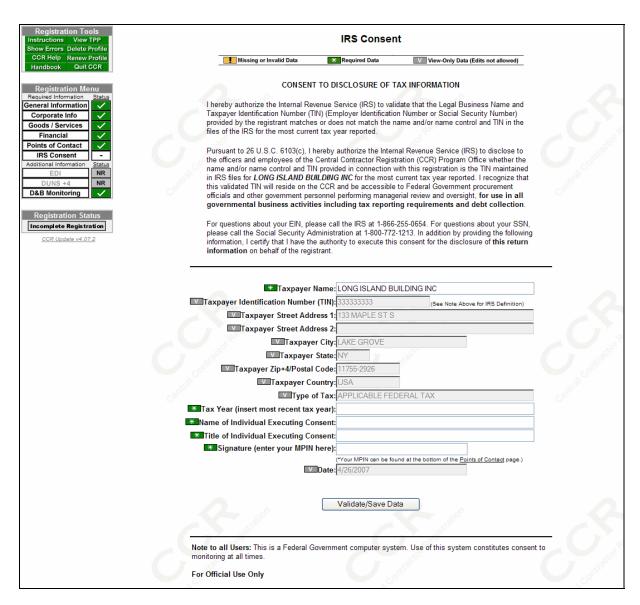
| Cartera | Corporate Point of Contact Create POC Template Poc Template | Central |
|---|---|---------|
| Nam | e: | |
| E-mail Addres | ss: | |
| U.S. Phone Number | er: Ext | |
| Non-U.S. Phone Number | er: | |
| Fax Number | er: | |
| *Mai *MPI | rketing Personal Identification Number (MPIN) N: "Marketing Partner ID (MPIN): This is a self-defined access code that will be shared with authorized partner applications (e.g., Past Performance Automated Information System (PPAIS), Technical Data Solutions (TeDS), etc.). The MPIN acts as your password in these other systems, and you should guard it as such. The MPIN must be nine positions and contain at least one alpha character, one number, and no spaces or special characters. Validate/Save Data | |
| Note to all Users: This is a Feder monitoring at all times. | al Government computer system. Use of this system constitutes consent to | _ |
| For Official Use Only | | |

Points of Contact Page—Part 3

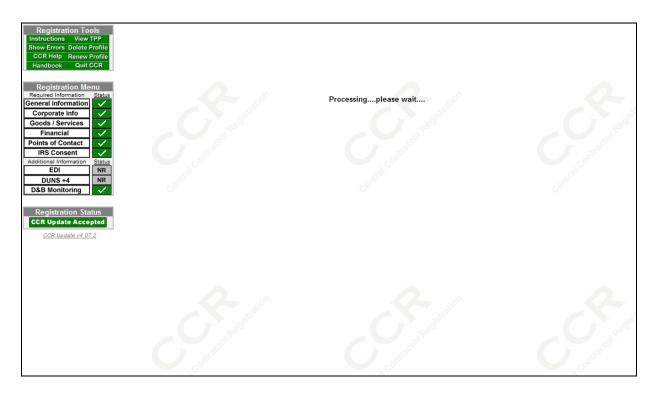


Error/Incomplete Message—Points of Contact Section

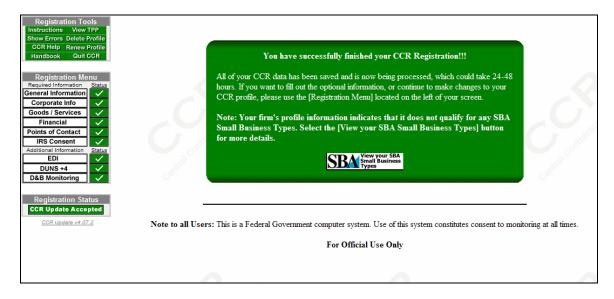
April 2007



IRS Consent Page

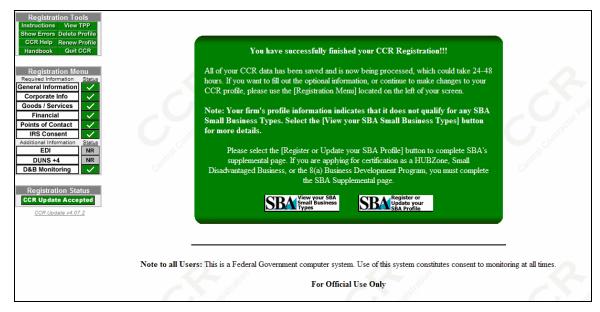


Processing Registration



Successful Registration Finish

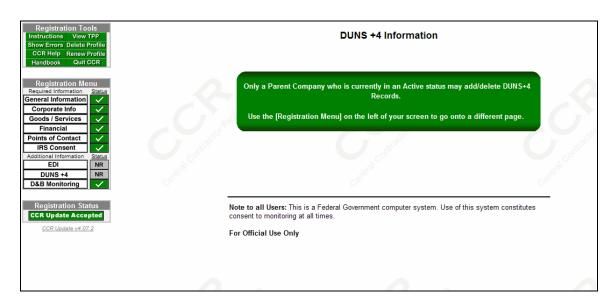
Or



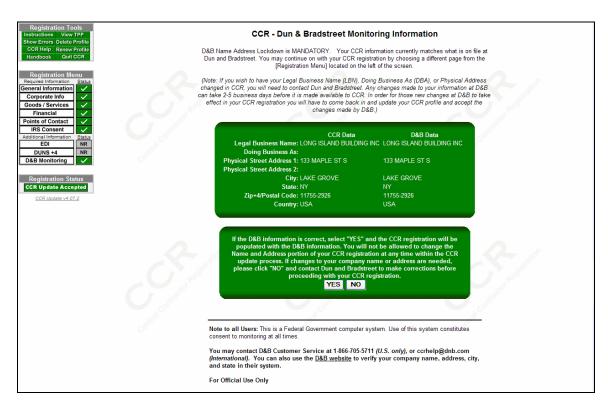
Successful Registration Finish—Qualified for one or more SBA Small Business Types

| Registration Tools | | |
|---|--|--------|
| Instructions View TPP Show Errors Delete Profile CCR Help Renew Profile | The EDI Information is OPTIONAL Information. If you are NOT currently using a | |
| Handbook Quit CCR | Value Added Network (VAN) do not fill out this page. | |
| Registration Menu Required Information Status | If you came here by mistake, you can select a different page from the "Registration Menu" located on the left of your screen, or <u>click here</u> to quit CCR Update. | |
| General Information Corporate Info Goods / Services | EDI Information | |
| Financial Points of Contact | | |
| IRS Consent Additional Information Status | I Missing or Invalid Data | |
| EDI NR DUNS +4 NR NR | Completing this EDI section of the CCR application DOES NOT make you EDI compliant. In order to successfully complete the Electronic Commerce Interoperability Process (ECIP), you must utilize an authorized Value-Added-Network (VAN) connected to the DoD Electronic Commerce Infrastructure (ECI). | Centi |
| Registration Status Incomplete Registration CCR Update v4.07.2 | You can obtain a list of authorized Value-Added-Networks (VANs) connected to the DoD Electronic Commerce Infrastructure (ECI): http://ec.ogden.disa.mil/vans.htm | |
| | ■ Please select your Value Added Network (VAN) Provider • | |
| | Interchange ID (ISA) Qualifier Interchange ID (ISA) Qualifier - designates the code structure used to identify the company's | |
| | sender/receiver information in EDI transactions. | |
| | | |
| | Interchange Sender ID (ISA) Identifier Interchange Sender ID (ISA06) Identifier - value corresponding to company's qualifier selected for EDI transactions. No dashes, spaces or special characters. | 0 |
| | apt. | - orti |
| | Functional Group (GS02) Identifier Functional Group (GS02) Identifier - this further defines the company's identifiers for the addressing of EDI transactions. No dashes, spaces, or special characters. | |
| | ■ Do you want to receive Remittance Advice Notices (820's) through your Value Added Network provider? ○ Yes ③ No | |
| | EDI Point of Contact Information - This is the individual within the company that should be contacted if there are any specific EDI concerns. Please provide an individual's name and at least one method of contact. For Phone and Fax Numbers, no dashes, spaces, or special characters. Digits only. (At least one method of contact is required.) Create FOC Template Paste POC Template | |
| | Name: E-mail Address: | |
| | U.S. Phone Number: Ext: | |
| C | Non-U.S. Phone Number: Fax Number: | Certi |
| | | |
| | Validate/Save Data | |
| | Delete EDI Information | |
| | | |
| | Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times. | |
| | For Official Use Only | |

EDI Information Page

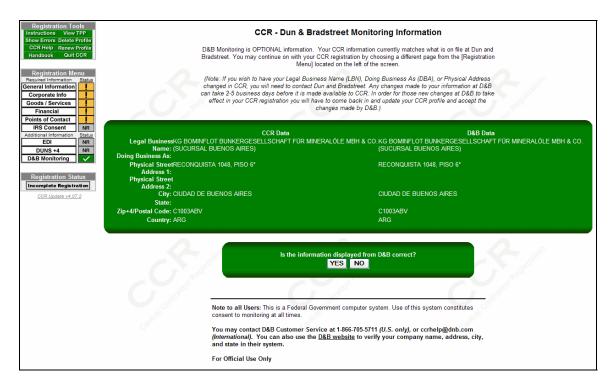


DUNS + 4 Information Page



D&B Monitoring Information Page—Mandatory

D&B Monitoring is Mandatory for Monitored Countries



D&B Monitoring Information Page—Optional

D&B Monitoring is Optional for Non-Monitored Countries or U.S. Territories (American Samoa, Guam, Northern Mariana Is, Puerto Rico, Virgin Islands, U.S.)